

Case No.: _____ Requestor: _____ Date Due: _____

True Name: Joseph Stephan Piccolo Extension: _____

Alias (including middle name): Joseph P. Piccolo 07

Address to be used: D. C. area

Height: 5'11" Weight: 195 Hair: Brown Eyes: Brown

Wears glasses? No Married? No Occupation: _____

Birth date: 8 December 1935 Place: Yonkers, N. Y.

Countries where documentation will be used: East and S. E. U. S.

DATA FOR BIRTH CERTIFICATE, AS OF TIME OF BIRTH

Father's name: Joseph Mother's maiden name: Irene Sutor

POB: Naples, Italy POB: Yonkers, N. Y.

Age: 53 Age: 53

Occupation: Retired - Restaurant owner Occupation: Housewife

Residence: Ft. Lauderdale, Fla. Doctor's name: Dr. Coashone

Number of children born to parents prior to this birth: None

Documentation requested: Social Security Card 31

Auto Ins. Card

10 D. C. drivers license (non-backstamped)

Email pocket litter

Security clearance: _____

Signature sample in alter: _____

D-104

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IDENTITY SHEET

IDEN

Joseph S. PICCOLO

CHIEF
POLICE

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